



Solid Waste Quarterly Report Form

Company Name: _____

Reporting Dates: From _____ To _____

Total number of residential customers served for this quarter _____
(Please attached list of customer addressing)

Total number of commercial businesses served for this quarter _____
(Please attach list of customer addressing)

Month	Residential Tons			Commercial Tons		Total Tons
	Solid Waste	Trimming	Recycling	Solid Waste	Recycling	

Attach separate sheet providing facility name, permit number and address, and contact information for each facility which:

1. Receives Johns Creek solid waste for disposal or transfer to disposal site
2. Receives Johns Creek yard trimmings for processing other than landfill disposal
3. Receives Johns Creek recyclables for processing

Please provide your rate for the established City of Johns Creek basic residential service which includes: weekly pick-up of garbage, recycling, and yard trimmings, and once a month bulky trash pick-up.

\$_____ (Indicate if this is billed monthly, quarterly, or yearly)

Please provide your rate for the established City of Johns Creek basic commercial service which includes weekly pick-up of a six (6) cubic yard dumpster (or equivalent).

\$_____ (Indicate if this is billed monthly, quarterly, or yearly)

Name: _____
Signature: _____
Title: _____
Phone: _____

Public Works